



POSITION MANAGEMENT FORM INSTRUCTIONS

ALL POSITION MANAGEMENT FORMS ARE TO BE SUBMITTED DIRECTLY TO EMPLOYEE COMPENSATION FIRST. ONCE EMPLOYEE COMPENSATION HAS COMPLETED THEIR REVIEW, THE FORMS WILL BE FORWARDED TO OMB.

A separate worksheet has been included for each action you might need to make for a position. Just use and submit the pages that you need for the action you are requesting.

Please note the check box reminder in the upper right hand corner of each page and **CHECK EACH ITEM** as you complete it.

A "Reports To" position number must be identified for every position.

A separate form must be used for each position or group of identical positions. The Fund, Agency, Market Range Title (Job Family), Position Working Title, Department (Location), Org (Dept ID), and "Reports To" Position # must all be the same to group positions as identical on a single sheet.

Additional information specific to the page is located at the top of each page.

The "Budget Rate" is the average hourly rate for all positions included on the page or section of page if multiple positions are included.

The "Page 2 - All Requests" page must be completed for every submission package.

1. To request that a new position(s) be created, use the top section of the "Create-Inactivate" page.

- A. Fully complete the Costs section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.
- B. The following forms must also be attached:
 - a. A Job Description
 - b. A P/A/S Alignment Worksheet
- C. For positions associated with more than one fund, fill out a Create-Inactivate form for each fund, and reflect the associated FTE %. The "Create-Inactivate (2)" tab is to be used for this purpose. These forms should be submitted together, with an explanation of the fact that they represent one position and therefore must have one position number.

2. To request that a position(s) be inactivated (no position is ever deleted), use the bottom of the "Create-Inactivate" page.

Fully complete the Costs section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.

3. To request only that a position(s) be transferred from one Department (Location), Org (Dept ID), or reporting category to another, use the "Transfer" page.

- A. Fully complete the Financial Information section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.
- B. Identify the correct "Reports To" position number for the position being transferred.
- C. Attach a P/A/S Alignment Worksheet if more than three PAS codes are involved.

4. To request only that the percent of Full-Time be changed on a position(s), use the "Chg % FTE" page.

- A.** Fully complete the Financial Information section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.
- B.** Attach a P/A/S Alignment Worksheet if more than three PAS codes are involved.

5. To request a change of Working Title, FLSA Status, Classified Status, "Reports To" Position Number, or Position Type (Regular or Contract), use the "Chg Attributes" page.

Attach a job description(s) if required for the action requested.



POSITION MANAGEMENT FORM
CREATE and/or
INACTIVATE POSITION(S)

- ☐ POSITION IS BUDGETED IN COGNOS
☐ BUDGET HAS BEEN PROMOTED
☐ JOB DESCRIPTION ATTACHED
☐ P/A/S ALIGNMENT WORKSHEET COMPLETED

Fiscal Year	Dept (PS Loc) #	County Department Name	Date of Request	Requested Eff. Date
			Control No.*	Effective Date*

Dept. Use:

**For OMB/Employee Comp Use Only*

A JOB DESCRIPTION MUST BE ATTACHED TO EVERY REQUEST FOR POSITION CREATION

A SEPARATE CREATE/INACTIVATE SHEET MUST BE COMPLETED for each position, group of identical positions, or fund (for split-funded positions). The Market Range Title (Job Family), Working Title, Accounting String, & "Reports To" Position # must be the same for each group of positions.

Any position to be inactivated should BE VACANT BEFORE Position Management Form to inactivate it is submitted.

COMPLETE A P/A/S ALIGNMENT WORKSHEET FOR EACH NEW position or group of identical positions to document the impact.

CREATE POSITION(S)

GENERAL POSITION INFORMATION					
Position Working Title:	# of Positions:	Fund/Agency:	Org (Dept ID):	Rept Category:	Function Code:
Requested Mkt Range Title (Job Family)	Total FTE:	Budget Rate:	Reports to Pos #:	Position Type: <input type="checkbox"/> Regular <input type="checkbox"/> Contract <input type="checkbox"/> Temporary	
Intended Advertised Hiring Range:	Requested FLSA Status: <input type="checkbox"/> FLSA Exempt <input type="checkbox"/> FLSA Non Exempt		Requested Position Status: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified		
Approved Mkt Range Title (Job Family)*	Job Code:*	Approved FLSA Status:*		Approved Position Status:*	
		<input type="checkbox"/> FLSA Exempt <input type="checkbox"/> FLSA Non Exempt		<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
For OMB/Employee Comp Use Only	Position #(s):				
Effective Date of Creation:					

Direct Costs: Annualized Salary - Annualized Benefits - Subtotal Direct Costs \$ -	Purpose of Position(s):
Indirect Costs: Uniform allowance - Additional space* - Equipment - Training - Other - Subtotal Indirect Costs \$ - Total Cost \$ -	
*Work Space (per Policy Guidelines): # needed if multiple positions	
<input type="checkbox"/> Work Station - Size _____ sq ft	*Total Cost: _____
<input type="checkbox"/> Private Office - Size _____ sq ft	
<input type="checkbox"/> Other - Size _____ sq ft	Source of Funding: Fund _____ Org _____

INACTIVATE POSITION(S)

GENERAL POSITION INFORMATION					
Market Range Title (Job Family):	Job Code:	Fund/Agency:	Org (Dept ID):	Position Number(s):	
Position Working Title:	Budget Rate:	# of Positions:	Total FTE:		

Total Savings: Annualized Salary 0.00 Annualized Benefits 0.00 Other _____ 0.00 Other _____ 0.00 Other _____ 0.00 Total Savings \$ -	Comments:
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POSITION MANAGEMENT FORM
CREATE and/or
INACTIVATE POSITION(S)
(2)

- ☐ POSITION IS BUDGETED IN COGNOS
- ☐ BUDGET HAS BEEN PROMOTED
- ☐ JOB DESCRIPTION ATTACHED
- ☐ P/A/S ALIGNMENT WORKSHEET COMPLETED

Fiscal Year	Dept (PS Loc) #	County Department Name	Date of Request	Requested Eff. Date
Dept. Use:			Control No.*	Effective Date*

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CREATE POSITION(S)

GENERAL POSITION INFORMATION					
Position Working Title:	# of Positions:	Fund/Agency:	Org (Dept ID):	Rept Category:	Function Code:
Requested Mkt Range Title (Job Family)	Total FTE:	Budget Rate:	Reports to Pos #:	Position Type: <input type="checkbox"/> Regular <input type="checkbox"/> Contract <input type="checkbox"/> Temporary	
Intended Advertised Hiring Range:	Requested FLSA Status: <input type="checkbox"/> FLSA Exempt <input type="checkbox"/> FLSA Non Exempt		Requested Position Status: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified		
Approved Mkt Range Title (Job Family)*	Job Code:*	Approved FLSA Status:*		Approved Position Status:*	
		<input type="checkbox"/> FLSA Exempt <input type="checkbox"/> FLSA Non Exempt		<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
For OMB/Employee Comp Use Only	Position #(s):				
Effective Date of Creation:					

Direct Costs: Annualized Salary - Annualized Benefits - Subtotal Direct Costs \$ -	Purpose of Position(s):
Indirect Costs: Uniform allowance - Additional space* - Equipment - Training - Other - Subtotal Indirect Costs \$ - Total Cost \$ -	
*Work Space (per Policy Guidelines): # needed if multiple positions	
<input type="checkbox"/> Work Station - Size _____ sq ft *Total Cost: _____	
<input type="checkbox"/> Private Office - Size _____ sq ft _____	
<input type="checkbox"/> Other - Size _____ sq ft Source of Funding: Fund _____	
Org _____	

INACTIVATE POSITION(S)

GENERAL POSITION INFORMATION					
Market Range Title (Job Family):	Job Code:	Fund/Agency:	Org (Dept ID):	Position Number(s):	
Position Working Title:	Budget Rate:	# of Positions:	Total FTE:		

Total Savings: Annualized Salary 0.00 Annualized Benefits 0.00 Other _____ 0.00 Other _____ 0.00 Other _____ 0.00 Total Savings \$ -	Comments:



**POSITION MANAGEMENT FORM
CHANGE FULL-TIME PERCENTAGE
OF POSITION(S)**

☐ P/A/S ALIGNMENT WORKSHEET COMPLETED

Fiscal Year	Dept (PS Loc) #	County Department Name		Date of Request
		Requested Effective Date	Control No.*	Effective Date*
Dept. Use:				

**For OMB/Employee Comp Use Only*

COMPLETE P/A/S ALIGNMENT WORKSHEET TO DOCUMENT ANY IMPACT OF CHANGE OF % OF FTE ON RESULTS, OUTPUT, EFFICIENCY OR DEMAND FOR PROGRAM OR ACTIVITY.

ONLY POSITIONS WITH THE SAME MARKET RANGE TITLE (JOB FAMILY), POSITION WORKING TITLE, FUND/AGENCY AND ORG (DEPT ID) CAN BE INCLUDED ON THE SAME CHANGE FORM.

GENERAL POSITION INFORMATION

Market Range Title (Job Family):	Fund/Agency:	Position #	Budget Rate:	From % FTE:	To % FTE:
Position Working Title:	Dept ID (Org):				

FINANCIAL INFORMATION

Total Fiscal Impact:	<i>Comments:</i>
Annualized Salary -	
Annualized Benefits -	
Other _____ -	
Other _____ -	
Other _____ -	
<i>Total Fiscal Impact:</i> -	



POSITION MANAGEMENT FORM

POSITION ATTRIBUTES CHANGES

☐ Job Description(s) Attached

Fiscal Year	Dept (PS Loc) #	County Department Name	Requested Effective Date
*For Employee Comp Use Only		*Control No.	*Approved Effective Date
Dept. Use:			

COMPLETE THIS FORM IF THE ONLY CHANGES ARE THE POSITION WORKING TITLE, "REPORTS TO" POSITION NUMBER, FLSA STATUS, CLASSIFIED STATUS, OR POSITION TYPE.

ANY REQUEST TO CHANGE FLSA OR CLASSIFIED STATUS REQUIRES A JOB DESCRIPTION.

ANY REQUEST TO CHANGE A WORKING TITLE REQUIRES BOTH THE OLD JOB DESCRIPTION AND THE NEW JOB DESCRIPTION UNLESS IT'S A CLOSELY RELATED CHANGE.

Position #1

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	

Position #2

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	

Position #3

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	

Position #4

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	

Position #5

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	

Position #6

Position Number:	<u>Reports to Position Number:</u> From: To:		<u>FLSA Status:</u> From: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt To: <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	
Current Position Title:	Requested Position Working Title:		<u>Position Status:</u> From: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified To: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
*Changes Approved FLSA Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Position Type:</u> From: <input type="checkbox"/> Regular <input type="checkbox"/> Contract To: <input type="checkbox"/> Regular <input type="checkbox"/> Contract	



POSITION P/A/S ALIGNMENT WORKSHEET
IMPACT OF NEW, TRANSFERRED, OR CHANGE OF FTE POSITION(S)

Dept. Use:		Affected Position Number(s):				
P/A/S Code:	% Time Allocated:	Activity Description (Name and describe the applicable activity as defined in the current MFR Strategic Plan):				
Identify how requested position(s) will impact the referenced Activity. Check all that apply. Include quantifiable data, if available, in space provided.						
<input type="checkbox"/> Improve result _____						
<input type="checkbox"/> Increase output _____						
<input type="checkbox"/> Increase efficiency _____						
<input type="checkbox"/> Response to demand _____						
P/A/S Code:	% Time Allocated:	Activity Description (Name and describe the applicable activity as defined in the current MFR Strategic Plan):				
Identify how requested position(s) will impact the referenced Activity. Check all that apply. Include quantifiable data, if available, in space provided.						
<input type="checkbox"/> Improve result _____						
<input type="checkbox"/> Increase output _____						
<input type="checkbox"/> Increase efficiency _____						
<input type="checkbox"/> Response to demand _____						
P/A/S Code:	% Time Allocated:	Activity Description (Name and describe the applicable activity as defined in the current MFR Strategic Plan):				
Identify how requested position(s) will impact the referenced Activity. Check all that apply. Include quantifiable data, if available, in space provided.						
<input type="checkbox"/> Improve result _____						
<input type="checkbox"/> Increase output _____						
<input type="checkbox"/> Increase efficiency _____						
<input type="checkbox"/> Response to demand _____						
P/A/S Code:	% Time Allocated:	Activity Description (Name and describe the applicable activity as defined in the current MFR Strategic Plan):				
Identify how requested position(s) will impact the referenced Activity. Check all that apply. Include quantifiable data, if available, in space provided.						
<input type="checkbox"/> Improve result _____						
<input type="checkbox"/> Increase output _____						
<input type="checkbox"/> Increase efficiency _____						
<input type="checkbox"/> Response to demand _____						
P/A/S Code:	% Time Allocated:	Activity Description (Name and describe the applicable activity as defined in the current MFR Strategic Plan):				
Identify how requested position(s) will impact the referenced Activity. Check all that apply. Include quantifiable data, if available, in space provided.						
<input type="checkbox"/> Improve result _____						
<input type="checkbox"/> Increase output _____						
<input type="checkbox"/> Increase efficiency _____						
<input type="checkbox"/> Response to demand _____						

POSITION JUSTIFICATION

Please identify how budget savings will be used and/or how department will cover additional costs associated with an overall increase in FTE's. If a position transfer is requested, explain why this is necessary and how the new funding source will cover the expenses.

DEPARTMENT AUTHORIZATION

I understand that the full year impact of new positions will be solely funded within my department's budget and identification of those funding sources must be provided prior to final approval. It is also understood that any budget impacts not absorbed within my budget will need to be presented to the Board of Supervisors as a separate agenda item.

Department Appointing Authority (Department Director, Elected Official or Chief Deputy):

Signature _____

Date _____

APPROVALS

EMPLOYEE COMPENSATION DIVISION

Logged by:

____ Question Department for further clarification
____ Approve
____ Deny

Signature _____

Date _____

OFFICE OF MANAGEMENT & BUDGET

OMB Review:

1. Is Position Management Form complete/correct?	Yes ____	No ____
2. Is position create/inactivate reflected in budgeted FTEs by fund and org?	Yes ____	No ____
3. Position(s) budgeted in PROMOTED Revised budget?	Yes ____	No ____

Comments:

Recommendation: Approve ____ Delay to ____ Return ____ Deny ____

Signature: _____

ELECTED OFFICIAL, PRESIDING JUDGE OR DEPUTY COUNTY ADMINISTRATOR

____ Return to Department for further clarification
____ Approve
____ Deny

Signature _____

Date _____

EMPLOYEE COMPENSATION DIVISION

PeopleSoft HRMS Entry Completed

Signature _____

Date _____